

on this work individually in their own offices. There is no reason why they should not do so and receive at least a small remuneration for the valuable aid and advice they are giving. Why should they fail to cultivate this fertile field that the medical profession has been so justly accused of neglecting? Has a full-time professorship brought about an economic myopia plus a clinic complex?

A still more vital failure in our modern medical education is evidenced by the answers made to questions covering the dispensation of narcotics. Is it to be wondered at that so many of our young men run afoul of the narcotic agents when we see the following result of their medical education, or rather this lack of vital information in the handling of narcotics?

One hundred twenty-one M. D.'s took the July examination in San Francisco. Of this number, twenty-eight said that the treatment of narcotic addiction could be administered in the patient's home; twenty-five thought it was perfectly legal to treat narcotic addiction in their own offices; seventy-six were entirely wrong, or were hopelessly "balled up" on the provisions of the Harrison Narcotic Act—Exemptions 1 and 2, Article 85. What is the matter with the medical school or with the hospitals in which the recent graduate interns? These young men are all at sea when it comes to knowing whether they should keep records of narcotics dispensed or not. Nineteen of them apparently think the "Veronal Bill" is a federal statute and requires the use of a federal narcotic number.

May I make this little comment in parenthesis: Apparently they are still teaching that the mere filtration of water removes the typhoid bacillus. It is a long while, sad to say, since I went to school, but even in those benighted days we knew that filtration removed only the grosser particles of contamination. Prior to those times, they used to think that if water flowed for about a mile in the sunshine down the stream, it automatically purified itself and was fit for drinking water, in spite of any incidental contamination in the watershed. Evidently that, too, is still being taught in our Class A schools.

These are all matters that require no reconstruction of the curriculum, require no new professors, but simply indicate that somebody has slipped up somewhere in passing along vital information to the young men who are to be turned loose on the public.

W. H. GEISTWEIT, JR.

Medico-Dental Building, San Diego.

FEDERAL EMERGENCY RELIEF PLAN*

Chairman Schaupp stated that the purpose of the meeting was the discussion of plans for the home care of persons on relief, that suggested plans might be submitted to the Emergency Relief Administrator, Mr. R. C. Branion. Doctor Schaupp stated that conferences had been held in San Francisco with Mr. Branion and that Doctor Kelly, chairman of the Council, would outline the results of such discussions. Doctor Kelly stated local medical organizations in San Francisco and Los Angeles had been working on rules governing relief; that Doctors Schaupp, Dickie, and he had spent much time in conference with Mr. Branion; and that immediate action on the part of the medical profession was necessary if medical men were to have a proper share in the formulation of the principles governing such relief. Doctor Kelly then submitted tentative principles which had been worked out for submission to Mr. Branion. The principles of the plan were then discussed.

On motion of Reinle, seconded by Dukes, the Executive Committee approved the following suggested plans for the home care of the unemployed on relief during the emergency period for submission to the California Emergency Relief Administration:

* The following text is condensed from the Executive Committee minutes of August 19, 1933. For comment concerning this topic, see editorial section of this issue, page 340.

1. Each local county medical society will select carefully members of a committee or an individual whose duty it shall be to examine and make recommendations upon all medical reports and bills rendered for home medical care and drugs and whose recommendations the County Relief Committee will act upon.

2. Each local county medical society will compile and maintain lists of all licensed doctors of medicine in each county who have signed a statement of their willingness to give service under this plan and to accept the fees and abide by the rules and regulations approved by the County Relief Committee and the representatives of the local county medical society.

These lists shall be arranged according to the geographical distribution of either the offices or residences of the physicians upon the lists and in such other order as may be determined upon in each county to assure proper rotation of case assignments.

3. The "working list"—the one from which case assignments are actually made—may be kept in the office of the local county medical society or the County Relief Committee or at any other place designated by the County Relief Committee, if either of the foregoing offices is not the most suitable.

4. All requests by patients for home visits by physicians must be made to a designated agent of the County Relief Committee and transmitted by him, if applicant is entitled to care, through the proper channels to the physician who is next in order for calls.

5. All licensed doctors of medicine who signify their willingness to do this service will agree to make a report to the office of the County Relief Committee immediately after the first visit to a patient, said report to be in duplicate and upon a form approved by the County Relief Committee and the representatives of the local county medical society and which shall contain not less than (1) a tentative diagnosis; (2) a recommendation for clinic, home or hospital care; (3) if home care, the estimated duration of the illness and the probable number of visits required. One copy of each report will be kept in the office of the County Relief Committee and the other sent to the committee or individual selected by the local county medical society to examine all such reports.

6. The committee or individual selected by the local county medical society will examine and pass upon all reports submitted and recommend their acceptance in whole or in part to the County Relief Committee. In the event of any difference of opinion between the representatives of the local county medical society and a physician making a report, the former shall consult with the latter before making a final recommendation.

Each County Relief Committee will, in order that physicians making the above reports may be released from the restrictions of professional confidence, insist that each applicant for relief shall sign a consent for all necessary examinations into, and reports upon, his health while he remains upon relief and a waiver and release for any professional service in excess of that authorized by the County Relief Committee.

7. It is suggested that fees for home care in the towns and in the country be discussed upon the basis of those set up in the minimum Industrial Accident Commission's fee schedule for uncomplicated home visits, as these fees, unless a considerable volume of work is done, just about cover costs. It is further suggested that visits made between 9 p. m. and 6 a. m. be charged for at higher rates than those made between 6 a. m. and 9 p. m.

Obstetrical Care.—The Association suggests that, in counties where the problem of home care arises, a flat fee be agreed upon to cover prenatal care, delivery and postnatal care.

Prenatal Care.—It is assumed that prenatal care will consist of a physical examination on the patient's first visit and not less than a monthly blood pressure determination and urinalysis until the end of the seventh month and a bimonthly blood pressure determination and urinalysis during the last two months.

This care, considering the fee charged, should be given at the physician's office whenever possible.

Delivery.—Delivery under this plan will be accomplished at home.

Postnatal Care.—Postnatal care shall consist of not less than two visits by the physician—one shortly after delivery and one before permitting the patient to leave her bed, and whatever other visits are reasonably necessary in the particular case.

Arrangements for visits by nurses will materially aid in the postnatal care of these patients.

8. Immediately upon completion of a case, and if for any reason care extends beyond a period of thirty days, on the first day of every month, physicians will submit, in duplicate and upon forms approved and provided by the County Relief Committee, bills for the services rendered by them to each patient under their care. The committee or individual of the local county medical society will examine all bills submitted and will recommend to the County Relief Committee their payment in whole or in part.

9. If any applicant for home care has had a family physician in the past and wants him again if possible, the physician in question, if on the local county list, will be asked to take the call. He may refuse if the patient is not located in his geographical area, and no mileage in cities or excess mileage in rural districts shall be authorized to give such requests effect.

10. Drafts of the medical report forms, consents, waivers, and rules suggested herein will be prepared and fur-

nished by the General Counsel of the California Medical Association if desired.

Upon the approval of a plan, the California Medical Association will immediately begin, in cooperation with the Emergency Relief Administration, to aid the various county medical societies in the formation of their organization and the names of the officers of these societies will be furnished the Emergency Relief Association for distribution to the County Relief Committees.

On motion of Kress, seconded by Dukes, the following resolution was adopted:

RESOLVED, That a committee consisting of the president, the president-elect, the chairman of the Council, the chairman of the Executive Committee, the chairman of the Committee on Public Relations, the chairman of the Committee on Public Policy and Legislation, and the secretary be authorized to formulate the principles in accordance with the discussion and the tentative rules submitted, with power to act.

The full committee met and authorized Doctors Kelly, Schaupp, and Harris to put the approved tentative rules into proper form for presentation to the Emergency Relief Commission.

AN IMPORTANT COUNTY HOSPITAL COURT DECISION *

Kern County Supervisors Lose in County Hospital Policy Injunction Suit

From the Bakersfield *Californian* of October 17, 1933, the following is reprinted:

"Prohibiting Kern County from taking pay patients at the Kern General Hospital in competition with privately owned hospitals, Superior Judge K. Van Zante of Kings County today made known his ruling in the famous 'hospital case' here and ordered that the county Board of Supervisors be enjoined from taking pay patients at the county hospital and others except those specifically defined by law. It is understood on good authority that the county will immediately appeal the case and carry it through to the Supreme Court for a final decision on the issues of the case. Ten local doctors originally brought suit against the Board of Supervisors seeking a restraining order to prevent the county from accepting pay patients at the county hospital, patients who were given hospitalization at cost prices. The board pursued this policy as well as taking care of indigents and those unable to pay for hospitalization.

Ten Plaintiffs

"The doctors who filed the complaint against the supervisors and county are as follows: O. P. Goodall, T. M. McNamara, P. J. Cuneo, S. C. Long, N. N. Brown, F. J. Gundry, C. S. Compton, W. H. Moore, L. H. Fox, and L. C. McClain.

"Superior Judge K. Van Zante was assigned to Kern County to hear the case, which was begun in June. A great amount of testimony was adduced during the hearing, and many witnesses were examined by opposing counsel. Attorneys Siemon & Clafin and M. S. Platz represented the plaintiff doctors, and Attorneys F. E. Borton and W. A. McGinn appeared for the defendants.

"The substance of Judge K. Van Zante's order received today by F. E. Smith, county clerk, is as follows:

"Ordered that defendants be, and they are hereby enjoined from admitting to Kern General Hospital for hospitalization any persons other than those within the classifications enumerated in paragraph 4 of plaintiffs' amended complaint."

Paragraph Explained

"Thus paragraph 4 of the plaintiffs' complaint holds the key to the court's ruling. This paragraph, paraphrasing the legal statutes defining those admissible to the hospital, limits the use of the county hospital to the following:

"Indigent sick, dependent poor, psychopaths, narcotic addicts, habitual inebriates, those suffering from active tuberculosis, physically defective persons under eighteen years of age in cases where parents are unable to care for them.

"Thus the court's ruling is that the province of the hospital is to treat and care for indigents and those others specifically prescribed by law."

* * *

Physicians Win Ruling Limiting Hospital Cases

Only Indigent Poor, Emergencies, Permitted at County Hospital

The Fresno *Bee* of October 17, commenting on the Superior Court decision in the Kern County suit, under the above heading, prints:

"Superior Judge K. Van Zante issued a permanent injunction today forbidding the Kern County Board of Supervisors to admit any but indigent persons, emergency, psychopathic, and narcotic cases to the Kern General Hospital.

"The ruling, made upon a petition by ten physicians representing the Kern County Medical Society, held that the supervisors' practice of offering hospitalization to all persons is illegal.

"The Board of Supervisors was expected late today to announce an appeal from Van Zante's ruling. The officials

have contended throughout a protracted fight with the physicians and private hospitals that a new state law empowers them to fix defining charges for pay patients.

"The patients to be admitted were classified by the judge in accordance with the physicians' petition. They are 'indigent sick, dependent poor, emergency, psychopathic and narcotic cases.'

"The decision, if affirmed in the higher courts, will mean a reorganization of the hospital admittance system. . . .

* * *

Additional comments from the Fresno *Bee* of October 18 on the Kern County Superior Court decision, *in re* county hospital admission of pay patients, are the following:

Hospital Ruling Puts Damper on Kings Movement

Plans for Conversion Into General Institution Balked by Decision

"The injunction issued by Superior Judge K. Van Zante of Hanford in the Kern County Hospital case, whereby he restrained that institution from admitting pay patients, will, it is believed, probably put a damper on plans to convert the Kings County Hospital into a general hospital.

"According to District Attorney Clarence H. Wilson, the ruling by Judge Van Zante would, unless countermanded on appeal, apply in all counties in similar situations.

"The Kings County Hospital has been admitting only indigent and emergency cases, but some charges have been made in obstetrical and tonsillectomy cases where a surgeon other than the county physician has been employed.

"Several grand juries have recommended that the county hospital make plans toward adopting a general hospital program, but so far the county supervisors have not taken any official action either for or against the plan.

"Ben B. Price, former foreman of the grand jury, today expressed himself still in favor of the principle of admitting pay patients.

* * *

"While official circles here were convinced an appeal will be taken to the State Supreme Court, Dr. Joe Smith, superintendent of the Kern General Hospital, today announced the injunction issued by Superior Judge K. Van Zante here yesterday will have little effect on the operation of the hospital.

"Furthermore, according to Doctor Smith, the provisions of the restraining order, if sustained by the Supreme Court, will not require any change in the building program recently proposed for the hospital, including the immediate erection of a \$250,000 hospital annex.

CARE OF PAY PATIENTS FORBIDDEN

"The injunction was issued on the application of ten Kern County physicians, comprising the county hospital committee of the Kern County Medical Association. It restrains the supervisors and other county officials from permitting the treatment of others than indigents, psychopathic patients, narcotic addicts, and habitual inebriates at the general hospital.

"Doctor Smith said that to his knowledge only four or five of the 393 patients under treatment at the institution today would be excluded as able to pay under the terms of the injunction.

"The hospital chief said the elimination of these patients would not to any important extent overcome the congested conditions which led to the adoption of the building program.

CAPACITY EXCEEDED

"Doctor Smith announced the hospital has averaged 370 patients throughout the present year, although its official capacity is but 250. He declared the institution is three years behind on construction to meet its needs.

"Fred Borton, special attorney who was associated with Civil Deputy District Attorney W. A. McGinn in opposing the application for the injunction, today predicted the supervisors will appeal the case. Borton said the injunction is now in effect and officials must abide by its terms.

"From a source close to the conduct of the case came the statement that the county's stand is considered to have as good a chance of success now as when it was presented. This theory was based on the belief that the outcome depends largely on judicial attitude in the higher court in its interpretation of the law.

RECENT TREND CITED

"It is argued the right of the people to engage through their units of government in various undertakings has been expanded by judicial rulings recently, and that a hospital is a desirable project for community organization.

In their arguments during the trial of the case, the county's attorneys pointed out that certain kinds of equipment desirable for the treatment of diseases are very expensive and could not be made available in many communities if the purchase of this equipment were left to private hospitals.

"Under the policy of the Kern County Board, the general hospital has been open to all taxpayers, and donations of \$3 a day have been accepted from persons able to pay. No forced collections were made. Many persons, including county officials, obtained treatment at the hospital, said to be one of the best equipped in the state."

* See also editorial comments, page 342.